

Fig.1.

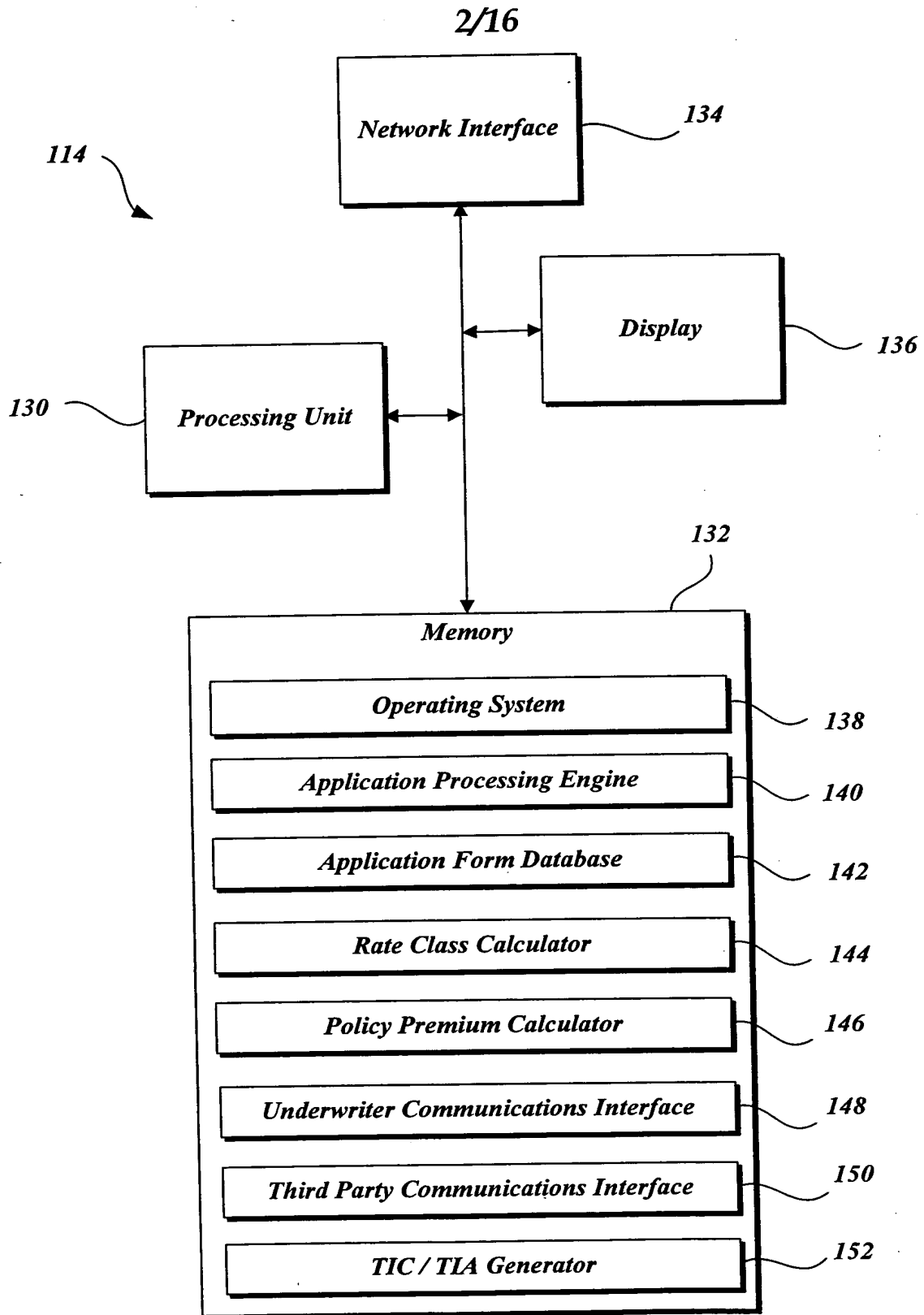


Fig.2.

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XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE EDIT VIEW FAVORITES TOOLS HELP

BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS ADDRESS HTTP://WWW.XYZLIFE.COM GO

XYZLIFE UNIVERSAL LIFE QUOTE 162

INSURED

Insurance Amount \$ 250,000 (\$25,000 minimum) 164

Application State WASHINGTON 166

Gender ☐ Male ☐ Female

Age ☐ Current Age 35

☐ Birthdate

Rate Class ☐ Standard Nonsmoker ☐ Standard Smoker Rate Class Calculator 168

Additional Term Rider? 170

Get Quote 172

FIG.3.

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The screenshot shows a web browser window titled "XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER". The address bar displays "HTTP://WWW.XYZLIFE.COM". The page content includes a "QUOTE RESULTS" section with a list of details and a table of premium amounts. Handwritten annotations in black ink are present throughout the page.

QUOTE RESULTS ← 180

The target premium is based upon the following:

- \$250,000 insurance amount
- Male, age 35
- WASHINGTON
- Standard Nonsmoker Rates

182

This quote includes an Additional Term Rider - click for details.

Monthly Premium	\$ 51.19	188	Recalculate Quote	184	190
Quarterly Premium	\$ 153.57				
Semi-Annual Premium	\$ 307.14				
Annual Premium	\$ 614.28				

Illustrate this Quote 190

Apply Now 192

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FIG.4.

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The screenshot shows a web browser window titled "XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER". The address bar displays "HTTP://WWW.XYZLIFE.COM". The browser's menu bar includes "FILE", "EDIT", "VIEW", "FAVORITES", "TOOLS", and "HELP". The toolbar contains icons for back, forward, stop, refresh, home, search, favorites, history, mail, size, and print. The main content area displays the "XYZLIFE UNIVERSAL LIFE APPLICATION" form. The form is titled "INSURED" and contains the following fields and options:

- Application State:
- First Name:
- Last Name:
- Gender: ☐ Male ☐ Female
- Age:
- Birth date:
- Rate Class: ☐ Standard Smoker ☐ Standard Nonsmoker

A "NEXT" button is located at the bottom right of the form. Handwritten annotations include "200" pointing to the form title, "202" pointing to the Application State field, "204" pointing to the Rate Class section, and "206" pointing to the NEXT button.

FIG.5.

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XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE EDIT VIEW FAVORITES TOOLS HELP

BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS ADDRESS HTTP://WWW.XYZLIFE.COM GO

INSURED

Application for < Insured >

Address

Phone

Email

Date of Birth

Place of Birth

Social Security #

Occupation

Annual Income

What is the insurance needed for?

☐ Debt/family/business protection

☐ Income replacement

☐ Retirement/Estate planning

☐ Other

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208

212

NEXT →

FIG. 6.

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FILE EDIT VIEW FAVORITES TOOLS HELP

BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS ADDRESS HTTP://WWW.XYZLIFE.COM GO

FACE AMOUNT & PREMIUM

Insurance Amount \$ (\$25,000 Minimum) 222

Death Benefit Option ☐ Level ☐ Increasing

Planned Premium ☐ Target Premium ☐ Specify Amount \$

Premium Mode 224

Interest Rate ☐ Current ☐ Guaranteed (3.00%)

1035 Exchange Amount \$

Optional Supplemental Benefits

Additional Term Rider ☐ No ☐ Yes 226

NEXT →

FIG. 7.

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FILE EDIT VIEW FAVORITES TOOLS HELP

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LINKS ADDRESS HTTP://WWW.XYZLIFE.COM

Application for <Insured> 228

Ownership - Will the Insured be the Owner of this policy?
☐ Yes ☐ No - Enter Owner Information.

Beneficiary Information

Primary Beneficiaries

Relationship		

and any living children born of this marriage
or legally adopted to share equally? ☐ Yes ☐ No

Contingent Beneficiaries

Relationship		

FIG. 8.

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XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE EDIT VIEW FAVORITES TOOLS HELP

BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS ADDRESS [HTTP://WWW.XYZLIFE.COM](http://www.xyzlifelife.com) GO

Application for <Insured> ↖ 234

Applicant/Insured's Identification (For Agent Use)

I verified the insured's ID by reviewing: (Check all that apply)

235 ↗

☐ Driver's License

☐ State ID

☐ Social Security Number

☐ Credit Card/EFT Information

☐ Other - please specify

236 ↗ YES NO 237

FIG. 9.

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XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE EDIT VIEW FAVORITES TOOLS HELP

BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS ADDRESS [HTTP://WWW.XYZLIFE.COM](http://www.xyzlife.com) GO

Application for < Insured > 238 ✓

Health and Existing Policy Information

Hospitalization — Within the past 90 days, has the proposed insured been hospitalized? ☐ Yes ☐ No

Health Information — In the past two years, has the proposed insured been treated for: heart attack, stroke, coronary artery disease, cancer, alcohol, drugs, or Acquired ImmunoDeficiency Syndrome (AIDS)/AIDS-Related Complex (ARC) by a medical professional? ☐ Yes ☐ No

If either of the above questions is answered "yes" or left blank, or if the requested amount exceeds \$1,000,000, no premium may be collected and no coverage is in effect under the Temporary Life Insurance Agreement. 248

FIG.10.

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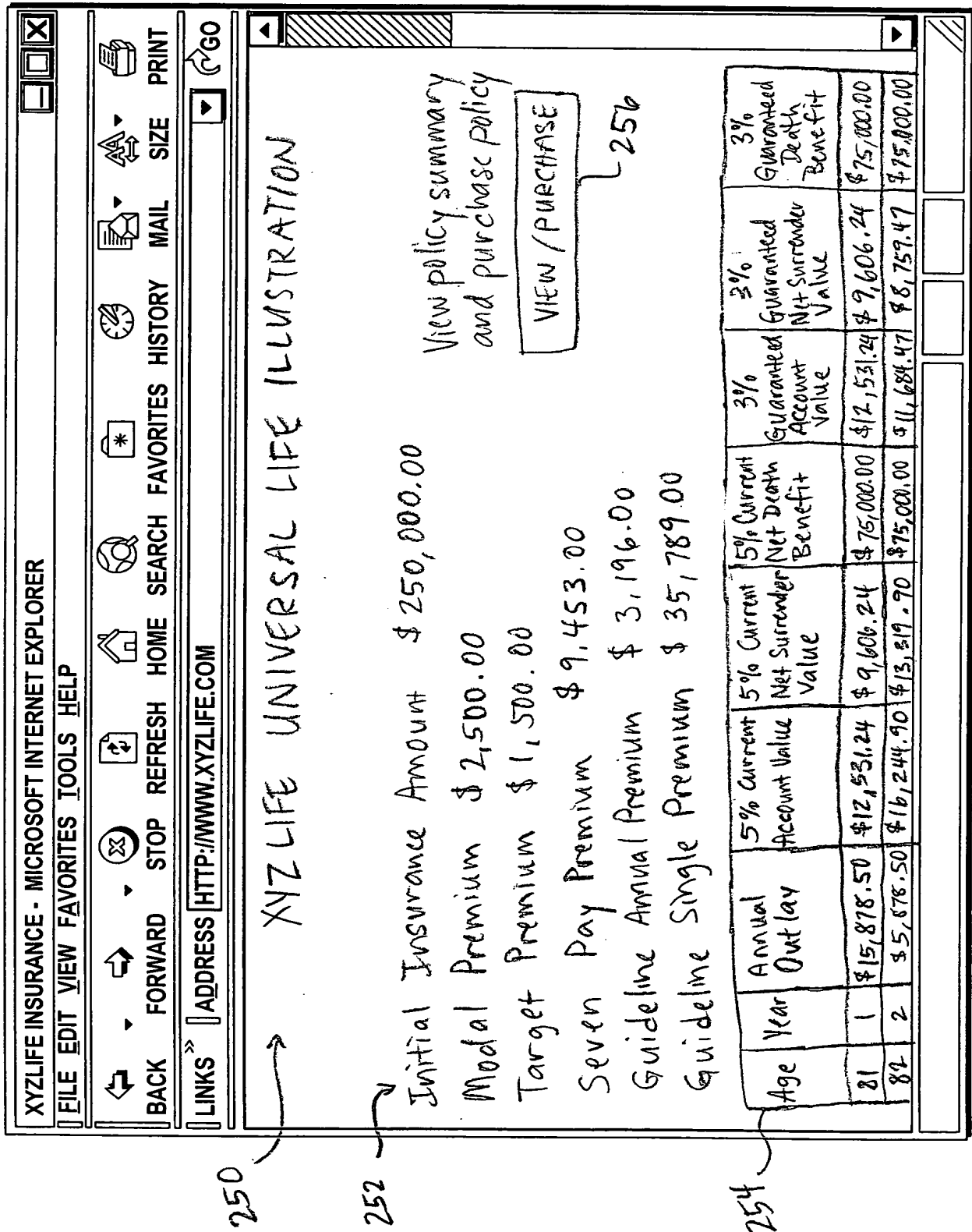


FIG. 11.

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FILE EDIT VIEW FAVORITES TOOLS HELP

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LINKS ADDRESS HTTP://WWW.XYZLIFE.COM

Application for <Insured> 258

Policy Premium and Product Summary

Product: XYZLIFE UNIVERSAL LIFE Primary Insured: <Insured>

Insurance Amount: \$500,000 Selected Premium: Quarterly \$787.50

CHANGE PAYMENT 259

Agent Information

Name: John S. Agent Agent E-mail: JSAC@InsuranceCo.com

Address: 123 Street Seattle, WA 98101

Phone: 206-123-4567

Agent ID No: 12-34-5678-90

FIG.12.

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BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS ADDRESS HTTP://WWW.XYZLIFE.COM GO

Application for <Insured>

Illustration Delivery Certification (Choose One)

Applicant Certification — I, the applicant, have received and reviewed a copy of the illustration for the policy proposed herein. 274

O I, the applicant, agree 274

Agent Certification - Electronic — I, the agent, have provided a copy of the illustration for the proposed policy to the applicant electronically. 276

O I, the agent agree 276

Agent Certification - Mail/Courier — I, the agent, have provided a copy of the illustration for the proposed policy to the applicant by U.S. Mail/courier. 280

O I, the agent, agree 280

Applicant Waiver — I, the applicant, understand that an illustration will be delivered to me at the time of policy delivery. No illustration was used at the time of application/sale. O I, the applicant, agree 284

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FIG. 13.

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XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE EDIT VIEW FAVORITES TOOLS HELP

BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS ADDRESS HTTP://WWW.XYZLIFE.COM GO

Application for <Insured> 290

Medical Authorization & Submit Application

To complete a review of your application, the insurance company may obtain information from other sources.

By submitting this application, you authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of you or your health, to give such information to XYZLife Insurance Company or its reinsurers.

Do you agree to this authorization, and confirm under penalty of perjury that you are the individual who is applying for insurance?

294 NO (Discontinue) YES (Submit) 296

FIG.14.

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Certificate of Temporary Insurance

From XYZLife Insurance Company

For

Primary	PETER M. INSURED
Amount Applied For	\$500,000
Amount of Temporary Coverage	\$250,000

**Additional Term Rider:
Amount Applied For:
Amount of Temporary Coverage:**

Application Number:	AA3901009
Annual Premium:	\$3,150.00

XYZLife's Temporary Insurance Agreement provides immediate life insurance coverage for the amount applied, up to \$225,000. This guarantees coverage while your application is underwritten, up to a maximum of 90 days. Refer to the Temporary Insurance Agreement for a complete description of coverage.

James R. President

**James R. President
President
XYZLife Insurance Company**

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TEMPORARY LIFE INSURANCE AGREEMENT

AMOUNT OF COVERAGE: If the Temporary Life Insurance questions have been answered "no" and if money has been accepted as advance payment for life insurance and the proposed insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

- (a) the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or
- (b) a maximum amount under all Temporary Life Insurance Agreements with XYZLife Insurance Company of \$250,000.

COVERAGE BEGINS: Life Insurance under this Agreement will begin on the date of this application, if Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

COVERAGE ENDS: Life insurance under this Agreement will terminate on the earliest of:

- (a) 90 days from the date of this Agreement; or
- (b) the date that insurance takes effect under the policy applied for; or
- (c) the date a policy, other than as applied for, is offered to the applicant; or
- (d) the date the Company mails notice of termination of coverage and a return of the payment to the applicant.

LIMITATIONS:

- (a) This Agreement does not provide benefits for disability.
- (b) Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.
- (c) If the proposed insured is less than 15 days old or more than 80 years old, the Company's liability under this Agreement is limited to a refund of the payment made.
- (d) If the proposed insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made. (For citizens of Missouri, suicide is no defense unless we can show that the insured intended suicide when the application was completed.)
- (e) If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement.
- (f) No one is authorized to waive or modify the terms of this Agreement.

FIG. 16